

## As changed

Amendments from Medicaid: 192, 238, 259, 303, 397, 411, 490, 548, 549, 551, 552, 564, 577, 589, 604, 606, 614, 616, 627, 657, 668, 754, 756, 757, 758, 767, 769, 770, 774, 782, 1030, 1037, 1068, 1104, 1107, 1110, 1112, 1123, 1158, 1159, 1174, 1178, 1179, 1192, 1228, 1243, 1250, 1251, 1252, 1330, 1341, 1356, and 1470.

Mr. Deleo of Winthrop and others move to amend H4700 in section 2 by striking item 4000-0300, and inserting in the place thereof the following:-

4000-0300 For the operation of the executive office, including the operation of the managed care oversight board; provided, that the executive office shall provide technical and administrative assistance to agencies under the purview of the secretariat receiving federal funds; provided further, that the executive office and its agencies, when contracting for services on the islands of Martha's Vineyard and Nantucket, shall take into consideration the increased costs associated with the provision of goods, services, and housing on said islands; provided further, that the executive office shall monitor the expenditures and completion timetables for systems development projects and enhancements undertaken by all agencies under the purview of the secretariat, and shall ensure that all measures are taken to make such systems compatible with one another for enhanced interagency interaction; provided further, that the executive office shall continue to develop and implement the common client identifier; provided further, that the executive office shall ensure that any collaborative assessments for children receiving services from multiple agencies within the secretariat shall be performed within existing resources; provided further, that funds appropriated in this item shall be expended for the administrative, contracted services and non-personnel systems costs related to the implementation and operation of programs authorized by sections 9A to 9C, inclusive, and sections 16B and 16C of chapter 118E of the General Laws; provided further, that the costs shall include, but not be limited to, pre-admission screening, utilization review, medical consultants, disability determination reviews, health benefit managers, interagency service agreements, the management and operation of the central automated vendor payment system, including the recipient eligibility verification system, vendor contracts to upgrade and enhance the central

automated vendor payment system, the Medicaid management information system and the recipient eligibility verification system MA21, costs related to the information technology chargebacks, contractors responsible for system maintenance and development, personal computers and other information technology equipment; provided further that not less than \$500,000 will be made available for supplemental payments to one or more of the three largest Medicaid participating licensed non-profit chronic and rehabilitation hospitals with less than 500 beds, with Medicaid participation measured and ranked by the number of Medicaid days in the most recently completed fiscal year, but excluding for purposes of this clause any of such hospitals that are authorized to receive supplemental payments pursuant to line items 4000-0500 and 4000-0600; provided further, that 50 per cent of the cost of provider point of service eligibility verification devices purchased shall be assumed by the providers utilizing the devices; provided further, that the executive office shall assume the full cost of provider point of service eligibility verification devices utilized by any and all participating dental care providers; provided further, that in consultation with the division of health care finance and policy, no rate increase shall be provided to existing Medicaid provider rates without taking all measures possible under Title XIX of the Social Security Act to ensure that rates of payment to providers do not exceed such rates as are necessary to meet only those costs which must be incurred by efficiently and economically operated providers in order to provide services of adequate quality; provided further, for the creation of an Office of Health Equity within the Executive Office of Health and Human Services; provided further, the office may prepare an annual health disparities report card with regional disparities data, evaluate effectiveness of interventions, and replicate successful programs across the state; provided, further, the office shall work with a disparities reduction program with a focus on supporting efforts by community-based health agencies and community health workers to eliminate racial and ethnic health disparities, including efforts addressing social factors integral to such disparities; provided further, that expenditures for the purposes of each item appropriated for the purpose of programs authorized by chapter 118E of the General Laws shall be accounted for according to such purpose on the Massachusetts management accounting and reporting system not more than 10 days after the expenditures have been made by the Medicaid management information system; provided further, that no expenditures shall be made

for the purpose of programs that are not federally reimbursable, except as specifically authorized herein, or unless made for cost containment efforts the purposes and amounts of which have been submitted to the house and senate committees on ways and means 30 days prior to making such expenditures; provided further, that the executive office shall not reduce the outpatient rates for any specialty hospital which limits its admissions to patients under active diagnosis and treatment of the eyes, ears, nose, and throat, below that which was granted during hospital fiscal year 2005; provided further, that the executive office may continue to recover provider overpayments made in the current and prior fiscal years through the Medicaid management information system, and that the recoveries shall be considered current fiscal year expenditure refunds; provided further, that the executive office may collect directly from a liable third party any amounts paid to contracted providers under chapter 118E of the General Laws for which the executive office later discovers another third party is liable if no other course of recoupment is possible; provided further, that no funds shall be expended for the purpose of funding interpretive services directly or indirectly related to a settlement or resolution agreement, with the office of civil rights or any other office, group or entity; provided further, that interpretive services currently provided shall not give rise to enforceable legal rights for any party or to an enforceable entitlement to interpretive services; provided further, that the federal financial participation received from claims filed for the costs of outreach and eligibility activities performed at certain hospitals or by community health centers which are funded in whole or in part by federally permissible in-kind services or provider donations from the hospitals or health centers, shall be credited to this item and may be expended without further appropriation in an amount specified in the agreement with each donating provider hospital or health center; provided further, that notwithstanding section 1 of chapter 118G of the General Laws or any general or special law to the contrary, for fiscal year 2008 the definition of a "pediatric specialty unit" shall mean an acute care hospital with a burn center verified by the American Burn Center and the American College of Surgeons and a level 1 trauma center for pediatrics verified by the American College of Surgeons or a pediatric unit of an acute care hospital in which the ratio of licensed pediatric beds to total licensed hospital beds as of July 1, 1994, exceeded 0.20; provided further, that in calculating that ratio, licensed pediatric beds shall include the total of all pediatric service beds, and the total of all licensed hospital

beds shall include the total of all licensed acute care hospital beds, consistent with Medicare's acute care hospital reimbursement methodology as put forth in the Provider Reimbursement Manual Part 1, Section 2405.3G; provided further, that a hospital with a unit designated as a pediatric specialty unit, or an acute care hospital with a burn center verified by the American Burn Center and the American College of Surgeons and a level 1 trauma center for pediatrics verified by the American College of Surgeons as defined in this item shall be exempt from the inpatient and outpatient efficiency standards being applied to their rate methodology; provided further, that in calculating rates of payment for children enrolled in MassHealth receiving inpatient services at acute care pediatric hospitals and pediatric subspecialty units as defined in section 1 of chapter 118G of the General Laws, the executive office shall make a supplemental payment, if necessary, sufficient to assure that inpatient SPAD and outlier payments for discharges with a case mix acuity greater than 3.5 shall be at least equal to 85 per cent of the expenses incurred in providing services to those children; provided further, that the executive office shall not reduce the payment rates by no less than 75% for any specialty hospital which limits its services to patients under active diagnosis and treatment of cancer below that which was granted in the previous year; provided further, that notwithstanding any general or special law to the contrary, the executive office shall require the commissioner of mental health to approve any prior authorization or other restriction on medication used to treat mental illness in accordance with written policies, procedures and regulations of the department of mental health; provided further, that the secretary shall ensure that supplemental Medicaid rates required pursuant to section 128 of chapter 58 of the acts of 2006 are implemented in fiscal year 2009; provided further, that the secretary shall ensure that all Medicaid benefit restorations, program expansions, and rate increases required pursuant to chapter 58 of the acts of 2006 are implemented in fiscal year 2009; provided further, that the executive office shall include smoking and tobacco use cessation treatment and information within MassHealth covered services pursuant to section 108 of chapter 58 of the acts of 2006; provided further, that the executive office shall develop a process whereby all participating providers who have signed the Virtual Gateway Services Agreement shall have access to the contents of the consolidated summary of any individual's application submitted through the virtual gateway; provided further, that said information access shall

comply with all HIPPA requirements and state privacy laws; provided further, that not later than September 1, 2008, the executive office of health and human services shall submit a report to the house and senate committees on ways and means detailing planned fiscal year 2009 expenditures by the executive office as funded by chargebacks to the 17 executive office cluster agencies; and provided further, that any projection of deficiency in item 4000-0320, 4000-0430, 4000-0500, 4000-0600, 4000-0700, 4000-0870, 4000-0875, 4000-0880, 4000-0890, 4000-0891, 4000-0895, 4000-0990, 4000-1400 or 4000-1405, shall be reported to the house and senate committees on ways and means not less than 90 days before the projected exhaustion of funding and that any unexpended balance in these accounts shall revert to the General Fund on June 30, 2009 .....145,322,356

and moving to further amend the bill in section 2 by striking item 4000-0352 and inserting in place thereof the following: -

4000-0352 For MassHealth enrollment outreach grants to public and private nonprofit groups to be administered by the executive office in consultation with the Health Care Reform Outreach and Education Unit; provided, that grants shall be awarded to groups statewide, including areas in which the United States Census deems there exists a high percentage of uninsured individuals and areas in which there are limited health care providers; provided further, that funds shall be awarded as grants to community and consumer-focused public and private nonprofit groups to provide enrollment assistance, education and outreach activities directly to consumers who may be eligible for MassHealth, the Commonwealth Care Program, or the Commonwealth Choice Program, and who may require individualized support due to geography, ethnicity, race, culture, immigration or disease status and representative of communities throughout the commonwealth; provided further, that funds shall be allocated to provide informational support and technical assistance to recipient organizations and to promote appropriate and effective enrollment activities through the statewide health access network; provided further, that not less than \$350,000 shall be allocated to Community Partners, Inc. of Amherst, to provide online informational support and technical assistance to recipient organizations and to promote appropriate and effective enrollment activities through its statewide health access network; provided further, that the cost of information support and technical assistance shall not exceed 10 per cent of the appropriation and shall not

be used to defray current state obligations to provide this assistance; provided further, that in awarding said grants, the executive office of health and human services, in consultation with the Health Care Reform Outreach and Education Unit, shall provide written guidance to selected grantees with specific strategies of how to expend funds in the most efficient manner to target populations and avoid duplication of activities, including examples of best practices among prior year outreach grant recipients; and provided further, that the secretary shall report to the house and senate committees on ways and means on the exact amounts distributed in fiscal year 2008 by February 1, 2008, and the extent to which any portion of resulting expenditures are eligible for federal reimbursement.....\$3,500,000

and move to further amend the bill in section 2 by striking item 4000-0500 and inserting in place thereof the following:-

4000-0500 For health care services provided to medical assistance recipients under the executive office's primary care clinician/mental health and substance abuse plan or through a health maintenance organization under contract with the executive office and for MassHealth benefits provided to children, adolescents and adults under clauses (a), (b), (c), (d) and (h) of subsection (2) of section 9A and section 16C of chapter 118E of the General Laws; provided, that no funds shall be expended from this item for children and adolescents under clause (c) of said subsection (2) of said section 9A of said chapter 118E whose family incomes, as determined by the executive office, exceeds 150 per cent of the federal poverty level; provided further, that funds may be expended from this item for health care services provided to the recipients in prior fiscal years; provided further, that expenditures from this item shall be made only for the purposes expressly stated herein; provided further, that not less than \$2,000,000 shall be expended to an acute care hospital located in Holyoke that provides clinical training programs for nurses, allied health professionals and technicians through affiliations with community colleges and private universities; provided further, that the secretary of health and human services and the commissioner of mental health shall report quarterly to the house and senate committees on ways and means relative to the performance of the managed care organization under contract with the executive office to administer the mental health and substance abuse benefit; provided further, that such quarterly reports shall include, but not be limited to, analyses

of utilization trends, quality of care and costs across all service categories and modalities of care purchased from providers through the mental health and substance abuse program, including those services provided to clients of the department of mental health; provided further, that not less than \$10,000,000 shall be expended for disproportionate share payments for inpatient services provided at pediatric specialty hospitals and units, including pediatric chronic and rehabilitation long-term care hospitals as allowable under federal law; provided further, that in conjunction with the new Medicaid management information system project, said executive office shall continue to study the feasibility of modifying its claim payment system, in collaboration with the MassHealth behavioral health contractor, to routinely process for payment valid claims for medically necessary covered medical services to eligible recipients with psychiatric and substance abuse diagnoses on a timely basis in an effort to avoid delay and expenses incurred by lengthy appeals processes; and provided further, that said secretary shall report to the house and senate committee on ways and means any proposed modifications to said payment system, and a timeline of steps to be taken to implement said modifications.....\$3,131,135,000

and move to further amend the bill in section 2 by striking item 4000-0600, and inserting in place thereof the following: -

4000-0600 For health care services provided to MassHealth members who are seniors, and for the operation of the senior care options program under section 9D of chapter 118E of the General Laws; provided, that funds may be expended from this item for health care services provided to these recipients in prior fiscal years; provided further, that funds shall be expended for the ‘community choices’ initiative; provided further, that no payment for special provider costs shall be made from this item without the prior written approval of the secretary of administration and finance; provided further, that benefit for this demonstration project shall not be reduced below the services provided in fiscal year 2008; provided further, that the eligibility requirements for this demonstration project shall not be more restrictive than those established in fiscal year 2008 provided further, that the executive office of health and human services shall submit a report to the house and senate committees on ways and means detailing the projected costs and the number of individuals served by the “community choices” initiative in fiscal year 2009 delineated by the federal poverty level; provided further, that the report shall be

submitted not later than February 1, 2009; provided further, that notwithstanding any general or special law to the contrary, not less than \$2,000,000 shall be expended from this item for the purpose of providing an increase to \$65.00 per month in the personal needs allowance for individuals residing in nursing homes and rest homes who are eligible for MassHealth, Emergency Aid to the Elderly Disabled and Children program or Supplemental Security Income; provided further, that notwithstanding any general or special law to the contrary, the regulations, criteria and standards for determining admission to and continued stay in a nursing home in fiscal year 2009 shall not be more restrictive than those regulations, criteria and standards in effect on January 1, 2004 until the executive office of health and human services and the executive office of elder affairs submit a multi-year plan to the house and senate committees on ways and means and the joint committee on health care financing detailing the suggested timeline for phasing in changes to nursing home clinical criteria, provided that these changes shall not adversely affect current nursing home residents and shall not jeopardize the effectiveness of the 2176 home and community based waiver; provided further, care management under section 3 of chapter 211 of the Acts of 2006 shall be implemented through Aging & Disability Resource Consortiums, which shall include a combination of one or more Aging Services Access Points and Independent Living Consortiums; provided further, that notwithstanding any general or special law to the contrary, for any nursing home or non-acute chronic disease hospital that provides kosher food to its residents, the department, in consultation with the division, in recognition of the unique special innovative program status granted by the executive office, shall continue to make the standard payment rates established in fiscal year 2006 to reflect the high dietary costs incurred in providing kosher food; provided further, that funds shall be expended for the purpose of a housing with services demonstration project known as the 'Caring Homes' initiative designed to delay or prevent nursing home placement by providing care-giving services to an elder; provided further, that under said demonstration project, eligible MassHealth enrollees shall be able to live in the home of an individual or relative, with the exception of spouses and dependent children, to provide for their long term supports, pursuant to regulations promulgated by said executive office; and provided further in fiscal year 2009, the division of healthcare finance and policy shall expend \$45,000,000 for nursing home rates .....\$2,166,860,000



and move to further amend the bill in section 2, in item 4000-0640 by inserting the end there of the following: -

“and provided further, that any additional funds that may become available through this item due to decreased Medicaid utilization shall first fund a per-diem rate add-on for large Medicaid providers as specified in 114.2 CMR 6.06 (10) (a), as in effect on September 1, 2003 and then fund further enhanced rates to nursing homes.”

and move to further amend the bill in section 2, in item 4000-0700 by striking the figures \$1,535,380,000 and inserting in the place thereof the following: - “\$1,543,580,000”

and move to further amend the by striking section 61 (c) and inserting in place thereof the following section: -

(c) Notwithstanding any general or special law to the contrary, the comptroller shall, in consultation with the office of the state treasurer, the executive office of administration and finance and the executive office of health and human services, develop a schedule and make a series of transfers not to exceed \$346,000,000 from the General Fund to the MassHealth provider payment account in the Medical Assistance Trust Fund, established pursuant to section 2QQQ of chapter 29 of the General Laws, if the comptroller has determined that General Fund revenues are sufficient to accommodate the schedule of transfers. These funds may be expended only for services provided during state or federal fiscal year 2009, and no amounts previously or subsequently transferred into the Medical Assistance Trust Fund may be expended on payments described in the 1115 demonstration waiver for services provided during state fiscal year 2009 or payments described in the state plan for services provided during federal fiscal year 2009. All payments from the Medical Assistance Trust Fund shall be subject to the availability of federal financial participation, shall be made only in accordance with federally-approved payment methods, shall be consistent with federal funding requirements and all federal payment limits as determined by the secretary of health and human services, and shall be subject to the terms and conditions of an agreement with the executive office of health and human services. Any increase in payments made from said trust shall not exceed the negotiated limit for section 1115 waiver spending. The secretary of health and human services shall notify, in writing, the house and senate committees on ways and means and the house and the joint committee on healthcare financing for any increases in payments within 15 days. The secretary of the executive office of health and human services shall make a payment of up to \$148,000,000 from the Medical Assistance Trust Fund to the Cambridge public health commission's hospital network for dates of service in state and federal fiscal year 2009 only after the Cambridge public health commission transfers up to \$74,000,000 of its funds to the Medical Assistance Trust Fund, using a federally permissible source of funds which shall fully satisfy the non-federal share of such payment.

**Comment:** Removed per direction of Ways and Means, prior to adoption

**Deleted:** and to move to further amend the bill by adding the following 3 sections: - ¶

¶ SECTION XX. Section 1 of chapter 118H of the General Laws, as appearing in the 2006 Official Edition, is hereby amended by striking out the definition “Eligible health insurance plan” and inserting in place thereof the following definition:—¶

¶ “Eligible health insurance plan”, a health insurance plan that is licensed by the division of insurance and that meets other criteria established by the board for receiving premium assistance payments; provided, that no eligible health insurance plan may require payment of an annual deductible amount.¶

¶ SECTION XX. Section 2 of chapter 118H, as so appearing, is hereby amended by striking out, in lines 8 and 9, the words “a health plan” and inserting in place thereof the following words:- an eligible health insurance plan.¶

¶ SECTION XX Above said sections XX and XX shall take affect on April 1., 2009